

Centers for Medicare & Medicaid Services, HHS

§ 484.2

disclosure and ownership information, and accepted professional standards and principles.

484.14 Condition of participation: Organization, services, and administration.

484.16 Condition of participation: Group of professional personnel.

484.18 Condition of participation: Acceptance of patients, plan of care, and medical supervision.

484.20 Condition of participation: Reporting OASIS information.

Subpart C—Furnishing of Services

484.30 Condition of participation: Skilled nursing services.

484.32 Condition of participation: Therapy services.

484.34 Condition of participation: Medical social services.

484.36 Condition of participation: Home health aide services.

484.38 Condition of participation: Qualifying to furnish outpatient physical therapy or speech pathology services.

484.48 Condition of participation: Clinical records.

484.52 Condition of participation: Evaluation of the agency's program.

484.55 Condition of participation: Comprehensive assessment of patients.

Subpart D [Reserved]

Subpart E—Prospective Payment System for Home Health Agencies

484.200 Basis and scope.

484.202 Definitions.

484.205 Basis of payment.

484.210 Data used for the calculation of the national prospective 60-day episode payment.

484.215 Initial establishment of the calculation of the national 60-day episode payment.

484.220 Calculation of the national adjusted prospective 60-day episode payment rate for case-mix and area wage levels.

484.225 Annual update of the national adjusted prospective 60-day episode payment rate.

484.230 Methodology used for the calculation of the low-utilization payment adjustment.

484.235 Methodology used for the calculation of the partial episode payment adjustment.

484.240 Methodology used for the calculation of the outlier payment.

484.245 Accelerated payments for home health agencies.

484.250 Patient assessment data.

484.260 Limitation on review.

484.265 Additional payment.

AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395(hh)) unless otherwise indicated.

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Subpart A—General Provisions

§ 484.1 Basis and scope.

(a) *Basis and scope.* This part is based on the indicated provisions of the following sections of the Act:

(1) Sections 1861(o) and 1891 establish the conditions that an HHA must meet in order to participate in Medicare.

(2) Section 1861(z) specifies the Institutional planning standards that HHAs must meet.

(3) Section 1895 provides for the establishment of a prospective payment system for home health services covered under Medicare.

(b) This part also sets forth additional requirements that are considered necessary to ensure the health and safety of patients.

[60 FR 50443, Sept. 29, 1995, as amended at 65 FR 41211, July 3, 2000]

§ 484.2 Definitions.

As used in this part, unless the context indicates otherwise—*Bylaws or equivalent* means a set of rules adopted by an HHA for governing the agency's operation.

Branch office means a location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the home health agency and is located sufficiently close to share administration, supervision, and services in a manner that renders it unnecessary for the branch independently to meet the conditions of participation as a home health agency.

Clinical note means a notation of a contact with a patient that is written and dated by a member of the health team, and that describes signs and symptoms, treatment and drugs administered and the patient's reaction, and any changes in physical or emotional condition.

HHA stands for home health agency.

Nonprofit agency means an agency exempt from Federal income taxation